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|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>INCS-127024325</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Government Personnel Mutual Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>49684</i> |
| <i>Company Tracking Number:</i> | <i>GP02</i> | | |
| <i>TOI:</i> | <i>H02G Group Health - Accident Only</i> | <i>Sub-TOI:</i> | <i>H02G.000 Health - Accident Only</i> |
| <i>Product Name:</i> | <i>GPM Specified Accicent</i> | | |
| <i>Project Name/Number:</i> | <i>GPM Specified Accident/GP02</i> | | |

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: GPM Specified Accicent

SERFF Tr Num: INCS-127024325

State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-Closed

State Tr Num: 49684

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: GP02

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor,
Donna Lambert

Author: Renee Weaver

Disposition Date: 09/08/2011

Date Submitted: 09/01/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GPM Specified Accident

Project Number: GP02

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/09/2011

Domicile Status Comments: Does not require
prior approval

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association, Trust

Overall Rate Impact:

Filing Status Changed: 09/08/2011

State Status Changed: 09/08/2011

Deemer Date:

Created By: Renee Weaver

Submitted By: Renee Weaver

Corresponding Filing Tracking Number:

Filing Description:

Submission for: GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

NAIC#: 63967

FEIN#: 74-0651020

RE: Group Specified Accident Product Filing

SERFF Tracking Number: INCS-127024325 State: Arkansas
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Company
Company Tracking Number: GP02
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Product Name: GPM Specified Accident
Project Name/Number: GPM Specified Accident/GP02

Out of State Filing

Product Forms:

Policy: GP02

Certificate: GP02-C-AR

Policy Endorsement: GP02-ETBR AR

New Submission. This is a new submission. The enclosed Group Specified Accident insurance product forms are hereby submitted for informational purposes because they will be issued to an out of state eligible group. These forms are new and do not replace any of the Company's forms currently on file with your Department.

This Specified Accident product provides active duty military personnel who are members of the participating associations with an accidental death benefit and a hospital confinement benefit when the member is injured and receives a purple heart.

The Group Master Policy has been situated in the state of Virginia and has been issued to a multiple association trust. The participating associations meet the definition of eligible association group in your state. For your reference copies of the Trust and Association Bylaws have been enclosed. Also enclosed is the Association information for each association participating in the Trust.

State-Specific Certificate and Endorsement. In order to accurately administer this business nationwide, provisions needed to meet any applicable state mandates are included in the enclosed state-specific Certificate that will be issued to insured residents in your state. The Endorsement brings the Policy into compliance with any applicable mandates.

Variable Material. To provide flexibility, all variable text is indicated by brackets and described in the attached Explanation of Variables. Letters and numbers (excluding form numbers) may be varied. Colons, semicolons, semicolons followed by the word "or" and semicolons followed by the words "and/or" may be omitted. If omitted, a period will be substituted, if necessary. Articles such as "a" and "an" may be substituted as grammatically necessary. Variable text will never exclude or limit provisions mandated by your state.

Filing Authority. This filing is being made by Innovative Compliance Solutions, LLC on behalf of the Company. A letter of filing authorization is attached.

Please note the following information:

- The company's state of domicile is Texas which does not require prior approval.
- Forms are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, position and format. Printing standards will never be less than that required by your state. The Company would

SERFF Tracking Number: INCS-127024325 State: Arkansas
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Product Name: GPM Specified Accident
Project Name/Number: GPM Specified Accident/GP02

like to reserve the option of using the form in its submitted format electronically.

Should you have any questions, or need additional information, please feel free to contact me.

Sincerely,

Renee Weaver
Compliance Consultant

Email: rweaver@innovative-compliance.com
Phone: 763-323-8643
Fax number: 763-712-8001

Company and Contact

Filing Contact Information

Renee Weaver, Consultant rweaver@innovative-compliance.com
PO Box 773 763-323-8643 [Phone]
Anoka, MN 55303 763-712-8001 [FAX]

Filing Company Information

(This filing was made by a third party - innovativecompliancesolutions)

| | | |
|--|-------------------------|--------------------------|
| Government Personnel Mutual Life Insurance Company | CoCode: 63967 | State of Domicile: Texas |
| 2211 NE Loop 410 | Group Code: 63967 | Company Type: |
| San Antonio, TX 78217 | Group Name: | State ID Number: |
| (800) 938-4765 ext. [Phone] | FEIN Number: 74-0651020 | |

Filing Fees

| | |
|------------------|--------------------------|
| Fee Required? | Yes |
| Fee Amount: | \$150.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50 per form per filing |

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Company
Company Tracking Number: GP02
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: GPM Specified Accident
Project Name/Number: GPM Specified Accident/GP02
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|----------|----------------|---------------|
| Government Personnel Mutual Life Insurance Company | \$150.00 | 09/01/2011 | 51173360 |

| | | | |
|--------------------------|--|------------------------|---------------------------------|
| SERFF Tracking Number: | INCS-127024325 | State: | Arkansas |
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| Product Name: | GPM Specified Accident | | |
| Project Name/Number: | GPM Specified Accident/GP02 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 09/08/2011 | 09/08/2011 |

| | | | |
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| <i>Project Name/Number:</i> | <i>GPM Specified Accident/GP02</i> | | |

Disposition

Disposition Date: 09/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: INCS-127024325 State: Arkansas

Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 49684
Company

Company Tracking Number: GP02

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: GPM Specified Accident

Project Name/Number: GPM Specified Accident/GP02

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|-------------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Association Group Information - MBA | Approved-Closed | Yes |
| Supporting Document | Association Group Information - NRA | Approved-Closed | Yes |
| Supporting Document | MBA Group Insurance Benefits Trust | Approved-Closed | Yes |
| Supporting Document | authorization letter | Approved-Closed | Yes |
| Supporting Document | Fee Schedule | Approved-Closed | Yes |
| Form | GROUP POLICY | Approved-Closed | Yes |
| Form | CERTIFICATE | Approved-Closed | Yes |
| Form | POLICY ENDORSEMENT | Approved-Closed | Yes |

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Form Schedule

Lead Form Number: GP02

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|--------------|---|--------------------|---------|----------------------|-------------|---|
| Status | | | | | | | |
| Approved-Closed 09/08/2011 | GP02 | Policy/Contract/Fraternal Certificate | GROUP POLICY | Initial | | 58.200 | Policy GP02 Final 1-21-11.pdf |
| Approved-Closed 09/08/2011 | GP02-C-AR | Certificate | CERTIFICATE | Initial | | 56.100 | Certificate GP02-C-AR Final 1-21-11.pdf |
| Approved-Closed 09/08/2011 | GP02-ETBR AR | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | POLICY ENDORSEMENT | Initial | | 58.200 | Endorsement GP02-ETBR AR.pdf |

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
[2211 NE Loop 410, San Antonio, Texas 78217]

GROUP SPECIFIED ACCIDENT INSURANCE POLICY

Master Group Policy Number [GP02]

POLICYHOLDER

[The *insert name* Trust]

DATE OF ISSUE: [*Insert Date.*]

PREMIUM DUE DATE: The INITIAL PREMIUM is due on the DATE OF ISSUE and RENEWAL PREMIUMS are due monthly on the 1st day of each Month.

[DATE OF REISSUE: XXXXXXXX.]

POLICY ANNIVERSARIES occur annually on [*Insert Month and Day*] beginning [*Insert Date.*]

This Policy is delivered in [Virginia] and is governed by its laws. If any part(s) of this Policy is contrary to such laws, that part(s) is hereby amended to conform to such laws.

SUBJECT TO THE TERMS AND CONDITIONS CONTAINED IN THIS POLICY, The Government Personnel Mutual Life Insurance Company (GPM Life), on approval by its Home Office of the application of Policyholder and on payment of Premiums when due, agrees that on and after the Date of Issue it will provide group insurance with respect to each Insured individual.

This Policy, the application made by Policyholder (a copy of which is attached), and any individual enrollment application of an Insured, form the insurance contract between the parties.

The Government Personnel Mutual Life Insurance Company has caused this Policy to be executed this [*Insert Date*].



[
[

Secretary

]



[
[

President

]

Group Insurance Policy
Specified Accident Only Coverage
Non-Contributory--Nonparticipating

THIS POLICY DESCRIBES ACCIDENT ONLY COVERAGE
IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

Examined by _____

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SECTION 1 - DEFINITIONS

Beneficiary - a person or entity named, on a form and in a manner approved by GPM Life, to receive benefits for loss of life.

Calendar Month - any one of the twelve Months of the calendar year.

Non-Contributory – means Premiums for an Insured's coverage are payable not by the Insured but by the Policyholder.

Hospital Confined – means the Insured has been ordered by a board certified military or civilian physician to reside as an inpatient in a fixed location hospital or hospitals operated by or certified by the Veterans' Administration of the United States of America, for the purpose of treating the wound or wounds for which the Insured receives a Purple Heart, and the Insured has resided while this Policy is in force, for a least thirty (30) consecutive days in such hospital(s), without a break in residence except for transfer under such a physician's order for the purpose of continuing medical care.

Insured - a Member insured under this Policy.

Member - a person who is in the United States of America active duty military, National Guard, or Military Reserve and who is also a member of both Participating Organizations.

Month - a period starting at the first instant after 12:00 a.m. on any day in a given Calendar Month, and ending at the last instant before 12:00 a.m. on that same-numbered day in the next Calendar Month. If that next Calendar Month does not have a same-numbered day, the Month will end at 12:00 a.m. of the first day of the next following Calendar Month. (Examples: 12:00:01 a.m. of May 14 up to 11:59:99 p.m. of June 13; 12:00:01 a.m. of May 31 up to 11:59:99 p.m. of June 30.)

Officer of GPM Life - the President, a Vice President, the Secretary, an Assistant Secretary, an Actuary or Treasurer.

Participating Organizations – means the National Rifle Association of America (NRA) and Military Benefit Association (MBA) that have elected to provide coverage under this Policy.

Policy - Group Specified Accident Coverage Insurance Policy No. [GP02] effective as of the Date of Issue on the Face Page of the Policy.

Policy Anniversary - the same day and Month as the date shown on the Face Page of this Policy for each succeeding calendar year.

Policyholder - the legal entity in whose name the Policy is issued.

Premium – the money required to be paid by the Policyholder, for each Insured, to create and maintain coverage under this Policy.

Purple Heart – means a Purple Heart, or Oak Leaf Cluster for a Purple Heart, awarded to an Insured in accordance with the applicable United States of America Executive Orders, regulations and statutes in effect at the time of the Specified Accident.

Specified Accident – means an event which results in the Insured receiving a Purple Heart, for an injury or injuries suffered or incurred by an Insured while this insurance is in effect and while such Insured is serving under competent authority with one of the USA Armed Forces.

We, Us, Our, GPM Life - means Government Personnel Mutual Life Insurance Company.

SECTION 2 - GENERAL PROVISIONS

A. INDIVIDUALS ELIGIBLE

A Member will be eligible for insurance under this Policy provided he or she:

1. [Is a:
 - a. member of the United States of America Active Duty Military; or
 - b. member of the National Guard; or
 - c. member of the United States of America Military Reserve; and]
2. Continues to be a Member in good standing with both of the Participating Organizations; and
3. [Is a Member who is under age 62 on his or her Effective Date.]

B. INSURANCE BENEFITS

Benefits for each Insured will be determined from information in Section 3 - Benefit Provisions in this Policy.

C. EFFECTIVE DATES OF INSURANCE

On the date a person correctly completes an MBA/NRA application for membership form, he/she becomes an Insured.

[In no event can a Member first become insured as a Member if prior to the day he or she would otherwise become insured, he or she is age 62 years or older.]

D. END OF INSURED'S SPECIFIED ACCIDENT COVERAGE INSURANCE

An Insured's Specified Accident Coverage insurance will end automatically on the earliest of the following dates:

1. The date this Policy ends; or
2. The end of the last period for which any required Premium agreed to in writing has been paid; or
3. The date after which he or she is no longer eligible for insurance; or
4. The last day of the Calendar Month in which he or she is no longer a Member of both Participating Organizations; or
5. [The Premium Due Date which coincides with, or next follows the Insured's [70th] birthday.]

E. NOTICE OF CLAIM

When a claim arises, the claimant should notify Us or Our authorized administrator or Our authorized agent of the loss in writing. This written notice of claim must be given within ninety (90) days after commencement of any loss, or as soon as reasonably possible.

F. CLAIM FORMS

After receiving notice of claim, We or Our authorized administrator will furnish the claimant with a claim form for filing proof of Loss. If this form is not received within fifteen (15) days after notice has been given, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting within the time fixed in the Policy of filing proof of loss written proof which covers the occurrence, the character, and the extent of the loss for which claim is made.

SECTION 2 - GENERAL PROVISIONS (Continued)

G. PROOF OF LOSS

1. PROOF

- a. Proof of loss and proof of receipt of the Purple Heart must be given to Us not later than ninety (90) days after loss.
- b. If proof of any claim is not given within ninety (90) days, the claim will not be denied or reduced if that proof was given as soon as was reasonably possible.
- c. Proof as required in this subsection, means proof satisfactory to Us.

2. PHYSICAL EXAM AND AUTOPSY

We, at Our own expense, will have the right to examine any person for whom a claim is pending as often as it may reasonably require. We will have the right to require an autopsy, if not prohibited by law.

H. PAYMENT OF CLAIM

Within sixty (60) days after receipt of satisfactory proof of the Insured's death, We will pay Benefits to the Beneficiary named by the Insured. All other benefits are payable to the Insured when We receive satisfactory proof of loss. Benefits will normally be paid in one lump sum, or in any manner that the Insured or the payee and We can agree on. The name of the Beneficiary must be filed on a form and in a manner approved by Us. The Insured may change his or her Beneficiary at any time if he or she files such change through the Policyholder on a form and in a manner approved by Us. Any payment made by Us before receipt by Us of notice of such change will fully discharge Our obligation for such payment.

1. If two or more beneficiaries are named, and if the Insured did not state their respective interests, they will share equally. If any of such beneficiaries dies before the Insured does, his or her interest will pass to the surviving beneficiaries equally.
2. If the Insured fails to name a Beneficiary for all or a part of his or her insurance, or if no named Beneficiary survives the Insured, payment will be made to the Insured's estate or, at Our option, to:
 - a. the Insured's spouse, if living; otherwise
 - b. the Insured's then living children, if any; otherwise
 - c. the Insured's surviving parent(s), equally.

If a benefit is payable to the Insured's estate, to a minor or to someone who is not competent to give a valid release, We have the right to pay up to \$1,000 to any of the Insured's relatives whom We consider entitled. Any payment made under this paragraph b. will completely discharge Us from further liability for the amount paid.

3. If the deaths of the Insured and his or her named Beneficiary occur simultaneously, or if the order of the death of the Insured and his or her named Beneficiary cannot be determined, death benefits will be paid on the basis that the Insured survived the named Beneficiary.

I. LAWSUITS

No lawsuit may be brought to recover on this Policy within sixty (60) days after written proof of loss has been given as required by this Policy. No such action will be brought after three years from the time written proof of loss is required to be given.

SECTION 2 - GENERAL PROVISIONS (Continued)

J. STATEMENTS

In the absence of fraud, all statements made about any applicant will be deemed representations and not warranties. No representations will void the insurance or be used to deny a claim unless a copy of the MBA/NRA membership application form has been furnished to the Insured, the Beneficiary or personal representative.

K. INCONTESTABILITY

1. Policyholder

The validity of the Specified Accident Coverage, Section 3 - Benefit Provisions of this Policy will not be contested, except for nonpayment of Premium by the Policyholder, after this Policy has been in force for at least two consecutive years from its Date of Issue.

2. Insured

No statement made by any Insured relating to the insurability of that Insured will be used to contest the coverage:

- a. after the insurance has been in force for two consecutive years during the lifetime of the person about whom the statement was made, and
- b. unless the statement is in the MBA/NRA membership application form and signed by the person making it.

L. MISSTATEMENT OF AGE

If the age of any Insured has been misstated, the Premium may be adjusted. If the amount of insurance would be affected by such misstatement, it will be changed to the amount the Insured would have had at his or her correct age, and the Premium will be based on the corrected age and amount.

M. CONFORMITY TO LAW

Any provision of this Policy which is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

N. NON-ASSIGNABILITY AND NON-ATTACHMENT OF BENEFITS

No assignment of the benefits provided under this Policy shall be valid nor shall such benefits be transferable or subject to surrender or anticipation or to the debts of any person or to legal process, except as may be otherwise provided in this Policy or by law.

All other terms and provisions of the Policy will apply.

O. NONPAYMENT OF PREMIUM INCREASE

Failure to pay any annual Premium, whether increased or not, ends the Insured's insurance.

SECTION 3 - BENEFIT PROVISIONS

SPECIFIED ACCIDENT BENEFITS

All Members will receive the following benefits:

1. PURPLE HEART LUMP SUM SPECIFIED ACCIDENT DEATH BENEFIT IN THE AMOUNT OF [\$1,000 - \$25,000]

The benefit of [\$1,000 - \$25,000] will be paid if:

- a. the Insured's death is a result of a Specified Accident which results in the Insured receiving a Purple Heart; and
- b. except as in item 3 of this Section, the Insured's death occurs no more than [thirty (30) - ninety (90)] days after incurring such Specified Accident; and
- c. coverage was in force at the time of the Specified Accident.

2. PURPLE HEART ONE-TIME SPECIFIED ACCIDENT HOSPITAL CONFINEMENT BENEFIT IN THE AMOUNT OF [\$500 - \$2,500]

The benefit of [\$500 - \$2,500] will be paid if:

- a. the Insured becomes Hospital Confined for [fourteen (14) - thirty (30)] consecutive days as a result of a Specified Accident which results in the Insured receiving a Purple Heart, and
- b. the Insured's first day of being Hospital Confined began no more than [seven (7) - fourteen (14)] days after incurring such Specified Accident; and
- c. coverage was in force at the time of the Specified Accident.

This benefit will be paid only one time during the life of the Insured regardless of how many Purple Hearts the Insured has received.

3. PURPLE HEART ONE-TIME SPECIFIED ACCIDENT HOSPITAL CONFINEMENT BENEFIT AND PURPLE HEART LUMP SUM SPECIFIED ACCIDENT DEATH BENEFIT

If an Insured qualifies for payment of the Purple Heart One-Time Specified Accident Hospital Confinement Benefit in item 2 of this Section, then dies as a result of the Specified Accident which resulted in such qualification within [thirty (30) - ninety (90)] days of the first day of being Hospital Confined, the Purple Heart Lump Sum Specified Accident Death Benefit will also be paid in the amount of [\$1,000 - \$25,000].

4. MAXIMUM BENEFIT PAYABLE FOR ALL BENEFITS

In no event will the combined benefit amounts payable to any insured under this Policy exceed [\$1,500 - \$27,500].

SECTION 4 - POLICYHOLDER

A. EFFECT OF ACTIONS OF POLICYHOLDER

In all matters regarding this Policy, the Policyholder acts for the Members. Each agreement made with the Policyholder will be binding on the Members. Each notice given to the Policyholder will be deemed to have been given to the Members.

B. RECORD OF MEMBERS INSURED

1. As required to administer this Policy, the Policyholder will furnish to Us information about individuals:
 - a. Who qualify to become insured;
 - b. Whose amounts of insurance change; and/or
 - c. Whose insurance ends.
2. If the Policyholder makes an error in furnishing such information, this Policy will be administered as if the correct information had been furnished.
3. We may check the Policyholder's records which, in the opinion of GPM Life, relate to this insurance.

C. PAYMENT OF PREMIUMS

All Premiums due for this Policy, including any adjustments, are to be paid by the Policyholder on or before their due dates. The Premium Due Date is stated on the Face Page of this Policy. Premiums will only be considered paid when they are received at the Home Office of GPM Life in San Antonio, Texas (or, at Our option, at a specified GPM Life Depository Facility). The payment of any renewal Premium will not keep this insurance in force beyond the day just before the next renewal Premium Due Date, except as provided in D. below.

D. GRACE PERIOD

If the Policyholder does not pay in full any renewal Premium on or before its due date, the Policyholder will have a Grace Period in which to pay that renewal Premium. This Policy will remain in force during the Grace Period. If the Premium is not paid in full before the Grace Period ends, this Policy will end on the last day of the Grace Period.

The Grace Period will end thirty-one (31) days after the Premium Due Date. If the Policyholder gives written notice to Us at Our Home Office, before or during the Grace Period, that it desires to end this Policy before the end of the Grace Period, this Policy will end either on the date the notice is received by Us at Our Home Office, or on the date stated in the notice, whichever is later.

ON THE DATE THIS POLICY ENDS, THE POLICYHOLDER MUST PAY US ALL PREMIUMS THEN DUE, INCLUDING ANY PREMIUM DUE FOR THE GRACE PERIOD OR FOR ANY PART OF THE GRACE PERIOD.

SECTION 4 - POLICYHOLDER (Continued)

E. PREMIUM ADJUSTMENT

No unearned Premium will be returned to the Policyholder for any period prior to the most recent Policy Anniversary. Any necessary Premium adjustments will be made for current Policy year Premiums.

F. REPRESENTATIONS

In the absence of fraud, the Policyholder's statements are deemed representations, not warranties.

G. MEMBER'S CERTIFICATE

The Policyholder will deliver to each insured Member a certificate issued by GPM Life.

H. RIGHT TO TERMINATE

The Policyholder may terminate this Policy by giving written notice to Us [60-180] days prior to the Policy Anniversary. The Policyholder must notify all Members of such Policy termination.

SECTION 5 - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

A. COMPUTATION OF PREMIUMS

1. Premiums for this Policy will be based on GPM Life's rates, adjusted to reflect Our underwriting risk.
2. Premiums may also be figured by any other method upon which GPM Life and the Policyholder have agreed.
3. We will provide to the Policyholder written notice at least [31-60] days before the date of any change in Premiums.

B. NON-PARTICIPATING POLICY

This Policy does not share in the profits of GPM Life.

C. EXPERIENCE RATING AND COMBINED EXPERIENCE

1. **EXPERIENCE RATING:** This Policy is experience rated. The experience rating adjustment, if any, will be determined on a calendar year basis. Any adjustment will paid to, or by, the Policyholder in cash, or to, or from, such fund as GPM Life may hold for the Policyholder pursuant to agreement.
2. **COMBINED EXPERIENCE:** The experience rating for this Policy shall be combined with the experience of the following policy(ies): GP01, GP01-TX, GP01-A, GP01-A-TX, GP01-B, GP01-B-TX, GP01-D, GP01-D-TX.

D. AMENDMENT AND ALTERATION OF CONTRACT

1. This Policy may also be amended by Us when We determine that such amendment is required for consistent application of Policy provisions due to new or amended legislation. The Policyholder will be notified of such amendment, in writing, at least sixty (60) days prior to its effective date. Payment of Premium beyond the effective date of the amendment, after receipt of such notification, constitutes the Policyholder's consent to the amendment.
2. Only an Officer of GPM Life may change, amend, alter, or waive in any manner the provisions of this Policy, and then only when in writing and signed by the Officer.
3. GPM Life will not be bound by any promise made by any agent or person other than an Officer of GPM Life.

E. CANCELLATION ON POLICY ANNIVERSARY

GPM Life reserves the right to cancel this Policy on any Policy Anniversary, upon giving [60-180] days written notice to the Policyholder.

SECTION 5 - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY (Continued)

F. MEMBER'S CERTIFICATE

1. GPM Life will issue to the Policyholder, for delivery to each insured Member, an individual certificate. It will describe:
 - a. The coverage provided; and
 - b. To whom benefits are to be paid; and
 - c. The limitations or requirements of this Policy that may apply to Insureds.
2. The certificate is not a part of this Policy.

G. NON-WAIVER OF POLICY PROVISIONS

Failure of GPM Life to insist on compliance with any of the provisions of this Policy at any given time under any given set of circumstances will not operate, with respect to any other time or as to any other occurrence, whether the circumstances are, or are not, the same, to:

1. waive or modify such provisions; or
2. in any way render them unenforceable.

H. ENTIRE CONTRACT

The entire contract will be made up of the Policy, the application of the Policyholder, individual enrollment forms, if any, amendments and riders. A copy of the application of the Policyholder will be attached to the Policy when issued.

SECTION 6 - RECORDS

A. RECORDS OF PARTICIPATING ORGANIZATIONS

The Participating Organizations will maintain records, which will show at all times:

1. the names of all Members insured; and
2. the Beneficiary(ies), if any, named by each insured Member; and
3. the date on which each Member became insured; and
4. the effective date of any increase or decrease in the amount of each Member's insurance; and
5. such other information as may be required to administer this Policy.

B. ACCESS TO RECORDS BY GPM LIFE

GPM Life will have full access to the above information and records at any time as deemed necessary by Us.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
[2211 NE Loop 410, San Antonio, Texas 78217]



CERTIFICATE OF INSURANCE
GROUP SPECIFIED ACCIDENT ONLY COVERAGE

A Master Group Policy Number [GP02] has been issued to the [insert Policyholder name] effective [Insert Date.] The Policy is delivered in [Virginia] and is governed by its laws.

This Certificate of Insurance is evidence of the Insured's insurance under the Policy and of its benefits. In case of dispute, You should refer to the language contained in the Policy. That language will control. Everything contained in this Certificate of Insurance is subject to the provisions, definitions, and exceptions in the Policy. The Policy is on file with the Policyholder and may be examined at any reasonable time. Only an Officer of GPM Life can authorize a change of the Policy.

This Certificate replaces all Certificates and Certificate Riders, if any, previously issued to the Insured under the Policy.

The Government Personnel Mutual Life Insurance Company has caused this Certificate to be executed this [Insert Date].

| | |
|---|--|
| [ Secretary] | [ President] |
|---|--|

THIS CERTIFICATE DESCRIBES ACCIDENT ONLY COVERAGE
IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

Non-Contributory--Nonparticipating

Examined by _____

Policyholder Service Office of Company: Government Personnel Mutual Life Insurance Company

Address: [2211 NE Loop 410, San Antonio, Texas 78217]

Telephone: [1-800-XXX-XXXX]

If we at Government Personnel Mutual Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department - Consumer Services Division

[1200 West Third Street, Little Rock, Arkansas 72201-1904]

Telephone: (501) 371-2640] or Toll-Free: [800-852-5494]

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| Section 3 - Benefits Provisions | 4 |

SECTION 1 - DEFINITIONS

Beneficiary - a person or entity named, on a form and in a manner approved by GPM Life, to receive benefits for loss of life.

Calendar Month - any one of the twelve Months of the calendar year.

Non-Contributory – means Premiums for an Insured's coverage are payable not by the Insured but by the Policyholder.

Hospital Confined – means the Insured has been ordered by a board certified military or civilian physician to reside as an inpatient in a fixed location hospital or hospitals operated by or certified by the Veterans' Administration of the United

States of America, for the purpose of treating the wound or wounds for which the Insured receives a Purple Heart, and the Insured has resided while this Policy is in force, for a least thirty (30) consecutive days in such hospital(s), without a break in residence except for transfer under such a physician's order for the purpose of continuing medical care.

Insured - a Member insured under this Policy.

Member - a person who is in the United States of America active duty military, National Guard, or Military Reserve and who is also a member of both Participating Organizations.

Month - a period starting at the first instant after 12:00 a.m. on any day in a given Calendar Month, and ending at the last instant before 12:00 a.m. on that same-numbered day in the next Calendar Month. If that next Calendar Month does not have a same-numbered day, the Month will end at 12:00 a.m. of the first day of the next following Calendar Month. (Examples: 12:00:01 a.m. of May 14 up to 11:59:99 p.m. of June 13; 12:00:01 a.m. of May 31 up to 11:59:99 p.m. of June 30.)

Officer of GPM Life - the President, a Vice President, the Secretary, an Assistant Secretary, an Actuary or Treasurer.

Participating Organizations – means the National Rifle Association of America (NRA) and Military Benefit Association (MBA) that have elected to provide coverage under this Policy.

Policy - Group Specified Accident Coverage Insurance Policy No. [GP02] effective as of the Date of Issue on the Face Page of the Policy.

Policy Anniversary - the same day and Month as the date shown on the Face Page of this Policy for each succeeding calendar year.

Policyholder - the legal entity in whose name the Policy is issued.

Premium – the money required to be paid by the Policyholder, for each Insured, to create and maintain coverage under this Policy.

Purple Heart – means a Purple Heart, or Oak Leaf Cluster for a Purple Heart, awarded to an Insured in accordance with the applicable United States of America Executive Orders, regulations and statutes in effect at the time of the Specified Accident.

Specified Accident – means an event which results in the Insured receiving a Purple Heart, for an injury or injuries suffered or incurred by an Insured while this insurance is in effect and while such Insured is serving under competent authority with one of the USA Armed Forces.

We, Us, Our, GPM Life - means Government Personnel Mutual Life Insurance Company.

SECTION 2 - GENERAL PROVISIONS

A. INDIVIDUALS ELIGIBLE

A Member will be eligible for insurance under this Policy provided he or she:

1. [Is a:
 - a. member of the United States of America Active Duty Military; or
 - b. member of the National Guard; or
 - c. member of the United States of America Military Reserve; and]
2. Continues to be a Member in good standing with both of the Participating Organizations; and
3. [Is a Member who is under age 62 on his or her Effective Date.]

B. INSURANCE BENEFITS

Benefits for each Insured will be determined from information in Section 3 - Benefit Provisions in this Policy.

C. EFFECTIVE DATES OF INSURANCE

On the date a person correctly completes an MBA/NRA application for membership form, he/she becomes an Insured. [In no event can a Member first become insured as a Member if prior to the day he or she would otherwise become insured, he or she is age 62 years or older.]

D. END OF INSURED'S SPECIFIED ACCIDENT COVERAGE INSURANCE

An Insured's Specified Accident Coverage insurance will end automatically on the earliest of the following dates:

1. The date this Policy ends; or
2. The end of the last period for which any required Premium agreed to in writing has been paid; or
3. The date after which he or she is no longer eligible for insurance; or
4. The last day of the Calendar Month in which he or she is no longer a Member of both Participating Organizations; or
5. [The Premium Due Date which coincides with, or next follows the Insured's [70th] birthday.]

E. NOTICE OF CLAIM

When a claim arises, the claimant should notify Us or Our authorized administrator or Our authorized agent of the loss in writing. This written notice of claim must be given within ninety (90) days after commencement of any loss, or as soon as reasonably possible.

F. CLAIM FORMS

After receiving notice of claim, We or Our authorized administrator will furnish the claimant with a claim form for filing proof of Loss. If this form is not received within fifteen (15) days after notice has been given, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting within the time fixed in the Policy of filing proof of loss written proof which covers the occurrence, the character, and the extent of the loss for which claim is made.

G. PROOF OF LOSS

1. PROOF

- a. Proof of loss and proof of receipt of the Purple Heart must be given to Us not later than ninety (90) days after loss.
- b. If proof of any claim is not given within ninety (90) days, the claim will not be denied or reduced if that proof was given as soon as was reasonably possible.
- c. Proof as required in this subsection, means proof satisfactory to Us.

2. PHYSICAL EXAM AND AUTOPSY

We, at Our own expense, will have the right to examine any person for whom a claim is pending as often as it may reasonably require. We will have the right to require an autopsy, if not prohibited by law.

H. PAYMENT OF CLAIM

Within sixty (60) days after receipt of satisfactory proof of the Insured's death, We will pay Benefits to the Beneficiary named by the Insured. All other benefits are payable to the Insured when We receive satisfactory proof of loss. Benefits will normally be paid in one lump sum, or in any manner that the Insured or the payee and We can agree on. The name of the Beneficiary must be filed on a form and in a manner approved by Us. The Insured may change his or her Beneficiary at any time if he or she files such change through the Policyholder on a form and in a manner approved by Us. Any payment made by Us before receipt by Us of notice of such change will fully discharge Our obligation for such payment.

1. If two or more beneficiaries are named, and if the Insured did not state their respective interests, they will share equally. If any of such beneficiaries dies before the Insured does, his or her interest will pass to the surviving beneficiaries equally.
2. If the Insured fails to name a Beneficiary for all or a part of his or her insurance, or if no named Beneficiary survives the Insured, payment will be made to the Insured's estate or, at Our option, to:
 - a. the Insured's spouse, if living; otherwise
 - b. the Insured's then living children, if any; otherwise
 - c. the Insured's surviving parent(s), equally.

If a benefit is payable to the Insured's estate, to a minor or to someone who is not competent to give a valid release, We have the right to pay up to \$1,000 to any of the Insured's relatives whom We consider entitled. Any payment made under this paragraph b. will completely discharge Us from further liability for the amount paid.

3. If the deaths of the Insured and his or her named Beneficiary occur simultaneously, or if the order of the death of the Insured and his or her named Beneficiary cannot be determined, death benefits will be paid on the basis that the Insured survived the named Beneficiary.

I. LAWSUITS

No lawsuit may be brought to recover on this Policy within sixty (60) days after written proof of loss has been given as required by this Policy. No such action will be brought after three years from the time written proof of loss is required to be given.

J. STATEMENTS

In the absence of fraud, all statements made about any applicant will be deemed representations and not warranties. No representations will void the insurance or be used to deny a claim unless a copy of the MBA/NRA membership application form has been furnished to the Insured, the Beneficiary or personal representative.

K. INCONTESTABILITY

No statement made by any Insured relating to the insurability of that Insured will be used to contest the coverage:

1. after the insurance has been in force for three consecutive years during the lifetime of the person about whom the statement was made, and
2. unless the statement is in the MBA/NRA membership application form and signed by the person making it.

L. MISSTATEMENT OF AGE

If the age of any Insured has been misstated, the Premium may be adjusted. If the amount of insurance would be affected by such misstatement, it will be changed to the amount the Insured would have had at his or her correct age, and the Premium will be based on the corrected age and amount.

M. CONFORMITY TO LAW

Any provision of this Policy which is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

N. NON-ASSIGNABILITY AND NON-ATTACHMENT OF BENEFITS

No assignment of the benefits provided under this Policy shall be valid nor shall such benefits be transferable or subject to surrender or anticipation or to the debts of any person or to legal process, except as may be otherwise provided in this Policy or by law. All other terms and provisions of the Policy will apply.

SECTION 3 - BENEFIT PROVISIONS - SPECIFIED ACCIDENT BENEFITS

All Members will receive the following benefits:

1. PURPLE HEART LUMP SUM SPECIFIED ACCIDENT DEATH BENEFIT IN THE AMOUNT OF [\$1,000 - \$25,000]:

The benefit of [\$1,000 - \$25,000] will be paid if:

- a. the Insured's death is a result of a Specified Accident which results in the Insured receiving a Purple Heart; and
- b. except as in item 3 of this Section, the Insured's death occurs no more than [thirty (30) - ninety (90)] days after incurring such Specified Accident; and
- c. coverage was in force at the time of the Specified Accident.

2. PURPLE HEART ONE-TIME SPECIFIED ACCIDENT HOSPITAL CONFINEMENT BENEFIT IN THE AMOUNT OF [\$500 - \$2,500]:

The benefit of [\$500 - \$2,500] will be paid if:

- a. the Insured becomes Hospital Confined for [fourteen (14) - thirty (30)] consecutive days as a result of a Specified Accident which results in the Insured receiving a Purple Heart, and
- b. the Insured's first day of being Hospital Confined began no more than [seven (7) - fourteen (14)] days after incurring such Specified Accident; and
- c. coverage was in force at the time of the Specified Accident.

This benefit will be paid only one time during the life of the Insured regardless of how many Purple Hearts the Insured has received.

3. PURPLE HEART ONE-TIME SPECIFIED ACCIDENT HOSPITAL CONFINEMENT BENEFIT AND PURPLE HEART LUMP SUM SPECIFIED ACCIDENT DEATH BENEFIT:

If an Insured qualifies for payment of the Purple Heart One-Time Specified Accident Hospital Confinement Benefit in item 2 of this Section, then dies as a result of the Specified Accident which resulted in such qualification within [thirty (30) - ninety (90)] days of the first day of being Hospital Confined, the Purple Heart Lump Sum Specified Accident Death Benefit will also be paid in the amount of [\$1,000 - \$25,000].

4. MAXIMUM BENEFIT PAYABLE FOR ALL BENEFITS:

In no event will the combined benefit amounts payable to any insured under this Policy exceed [\$1,500 - \$27,500].

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
[2211 NE Loop 410, San Antonio, Texas 78217]

POLICY ENDORSEMENT

For residents of the state of Arkansas

This Endorsement is attached to and made a part of Policy Number [GP02] issued to [The *insert name* Trust] (the Policyholder).

Effective [01/01/11], the Policy is hereby amended as follows:

1. The **INCONTESTABILITY** provision under **SECTION 2 – GENERAL PROVISIONS** is replaced with the following:

INCONTESTABILITY

No statement made by any Insured relating to the insurability of that Insured will be used to contest the coverage:

1. after the insurance has been in force for three consecutive years during the lifetime of the person about whom the statement was made, and
2. unless the statement is in the MBA/NRA membership application form and signed by the person making it.

2. The following provision is added to **SECTION 4 – POLICYHOLDER:**

Reinstatement: If any renewal premium is not paid within the time granted the Insured for payment, a subsequent acceptance of premium by the Company or by any agent authorized by the Company to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the Policy; provided, however, that if the Company or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by the Company or, lacking such approval, upon the forty-fifth day following the date of such conditional receipt unless the Company has previously notified the Insured in writing of its disapproval of such application. The reinstated Policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement. In all other respects, the Insured and Company shall have the same rights thereunder as they had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

In all other respects, the Policy remains the same.

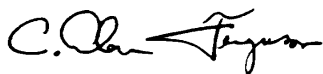
The Government Personnel Mutual Life Insurance Company has caused this Policy Endorsement to be executed this [Insert Date].

[

]

[

]



[

Secretary

]

[

President

]

SERFF Tracking Number: INCS-127024325 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 49684
Company
Company Tracking Number: GP02
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: GPM Specified Accident
Project Name/Number: GPM Specified Accident/GP02

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|-----------------|-----------------|
| Satisfied - Item: Flesch Certification | Approved-Closed | 09/08/2011 |
| Comments: | | |
| Attachments: | | |
| AR COC.pdf | | |
| AR Readability.pdf | | |

| | Item Status: | Status Date: |
|--|-----------------|-----------------|
| Bypassed - Item: Application | Approved-Closed | 09/08/2011 |
| Bypass Reason: This is no cost to the insured coverage, therefore there is no application for coverage. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|-----------------|-----------------|
| Satisfied - Item: Association Group Information - MBA | Approved-Closed | 09/08/2011 |
| Comments: | | |
| Attachments: | | |
| MBA Articles of Organization.pdf | | |
| MBA Audited Financials 7-31-10.pdf | | |
| MBA AR - Listing.pdf | | |
| AR Association Requirements MBA.pdf | | |

| | Item Status: | Status Date: |
|--|-----------------|-----------------|
| Satisfied - Item: Association Group Information - NRA | Approved-Closed | 09/08/2011 |
| Comments: | | |
| Attachments: | | |
| NRA 2010 Financial Statement.pdf | | |

SERFF Tracking Number: INCS-127024325 State: Arkansas
 Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 49684
 Company Tracking Number: GP02
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: GPM Specified Accident
 Project Name/Number: GPM Specified Accident/GP02

NRA Bylaws.pdf
 NRA purpose.pdf
 AR Association Requirements NRA.pdf

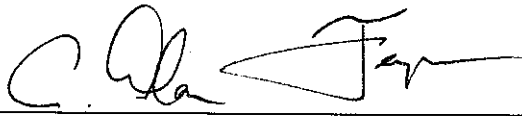
| | Item Status: | Status Date: |
|---|-----------------|--------------|
| Satisfied - Item: MBA Group Insurance Benefits Trust | Approved-Closed | 09/08/2011 |
| Comments: | | |
| Attachment: | | |
| MBA Group Insurance Declaration of Trust.pdf | | |

| | Item Status: | Status Date: |
|---|-----------------|--------------|
| Satisfied - Item: authorization letter | Approved-Closed | 09/08/2011 |
| Comments: | | |
| Attachment: | | |
| Signed ICS Authorization Letter 1.pdf | | |

| | Item Status: | Status Date: |
|---------------------------------------|-----------------|--------------|
| Satisfied - Item: Fee Schedule | Approved-Closed | 09/08/2011 |
| Comments: | | |
| Attachment: | | |
| AR Fee Schedule.pdf | | |

ARKANSAS CERTIFICATE OF COMPLIANCE

Government Personnel Mutual Life Insurance Company hereby certifies that the policy forms listed below are in compliance with all of the requirements of Arkansas Insurance Department Rule and Regulation 19. The benefits/coverage provided by the forms listed below are available to, and will be administered, in a non-discriminatory manner.

A handwritten signature in black ink, appearing to be "C. Alan" followed by a stylized flourish.

(Signature)

Senior Vice President, General Counsel & Secretary

(Title)

8-23-11

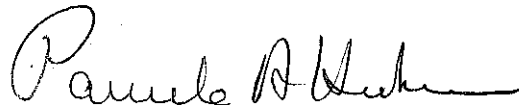
(Date)

Policy Form Numbers: GP02, GP02C-AR, GP02 ETBR AR

**CERTIFICATION OF COMPLIANCE
FOR READABILITY**

| <u>Form Number(s)</u> | <u>Flesch Readability Score</u> |
|-----------------------|---------------------------------|
| GP02 | 58.2 |
| GP02-C-AR | 56.1 |
| GP02 ETBR AR | 58.2 |

I hereby certify on behalf of Government Personnel Mutual Life Insurance Company that the Flesch Scale Analysis Readability Score is accurate, based on the computer program used to calculate the scores.



Pamela Hutchins, FSA, MAAA, Senior Vice President and
Chief Actuary

Dated: _____

8/23/2011

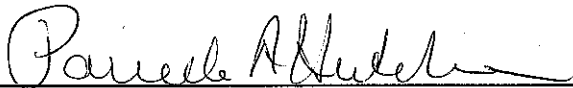
AUTHORIZATION LETTER

November 1, 2010

Company: Government Personnel Mutual Life Insurance Company
NAIC Number: 63967
FEIN Number: 74-0651020

Please accept this letter as authorization for **Innovative Compliance Solutions, LLC** to act as our agent for submission of policy forms and rate information and to perform each and every act necessary in connection with such submission on behalf of **Government Personnel Mutual Life Insurance Company**.

SIGNATURE:

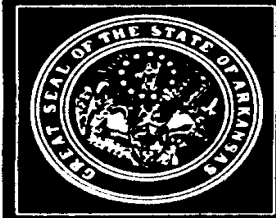


SIGNED BY:

Pamela Hutchins, FSA, MAAA

TITLE:

Senior Vice President and Chief Actuary



ARKANSAS
INSURANCE
DEPARTMENT

1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Government Personnel Mutual Insurance Company

Company NAIC Code: 63967

Company Contact Person & Telephone # Renee Weaver 763-323-8643

Form Number(s): GP02, GP02C-AR; GP02-ETBR AR

* INSURANCE DEPARTMENT USE ONLY *

*

* ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____ *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing
and review, per each policy, contract, annuity
form, per each insurer, per each filing.

*3 x \$50 = 150

**Retaliatory 0

Life and/or Disability - Filing and review of
each rate filing or loss ratio guarantee filing,
per each insurer.

*0 x \$50 = 0

**Retaliatory 0

Life and/or Disability Policy, Contract or
Annuity Forms: Filing and review of each
certificate, rider, endorsement or application
if each is filed separately from the basic form.

*0 x \$20 = 0

**Retaliatory 0

Policy and contract forms, all lines, filing
corrections in previously filed policy and
contract forms.

*0 x \$20 = 0

**Retaliatory 0

Life and/or Disability: Filing and review of
Insurer's advertisements, per advertisement, per
each insurer.

*0 x \$25 = 0

**Retaliatory 0

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to
amend an Insurer's Certificate of Authority.

*0 x \$400 = 0

Filing to amend Certificate of Authority.

***0 x \$100 = 0

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE
AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK.
CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. ☐23-61-401.